Case 20-11100-pmm Doc 84 Filed 11/05/24 Entered 11/05/24 12:44:48 Desc Main Page 1 of 4 Document

| Fill in this informa | ation to identify your case: | |
|---------------------------------|--|---|
| Debtor 1 | Gretta P. Shortt-Oliver | _ |
| Debtor 2 (Spouse, if filing) | | _ |
| United States Ba | nkruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA | _ |
| Case number | 20-11100 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing postpetition chapter13 income as of the following date: |
| Official Fo | orm 106l | MM / DD/ YYYY |
| Schedule | I. Your Income | 12/1 |

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment | | | |
|-----|---|----------------------|---|--|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Fundament status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Office Manager | Educator |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Dr. Alan Atlas | Educational Commission |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1420 Locust Street, Suite 120 Philadelphia, PA 19102 | for Foreign Medical Students 3624 Market Street Philadelphia, PA 19104 |
| | | How long employed th | ere? 7 years | 4 Years |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,168.00 2. 4,758.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4.758.00 1.168.00

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1 | Gretta P. Shortt-Oliver | - | С | ase number (if kr | nown) | 20-11100 | | |
|-----|---|---|---|----|--|--|--|--|--|
| | Con | by line 4 here | 4. | | For Debtor 1 | 3.00 | For Debto | | |
| _ | | * | | | | | | | _ |
| 5. | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | | \$ (\$ \$ (\$ \$ (\$ \$ (\$ | 1.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ | 177.00 0.00 0.00 0.00 0.00 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h. | | | | + \$ | 0.00 | _ |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | ; | 944 | 1.00 | \$ | 177.00 | <u>) </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | 3,814 | 1.00 | \$ | 991.00 | <u>) </u> |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8a. 8b. 8c. 8d. 8e. | | \$ (0 \$ (0 \$ (0) \$ (0) \$ (0) | 0.00 0.00 0.00 0.00 0.00 0.00 | \$ | 0.00 0.00 0.00 0.00 1,793.80 0.00 1,947.91 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | (| 0.00 | \$ | 3,741.7 | 1 |
| 10. | Cal | | 10. | | 3,814.00 | | 4,732.7 | | 8,546.71 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | ed in Sched | ule J. . +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 2. \$Combi | 8,546.71 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | ly income |

Official Form 106l Schedule I: Your Income page 2

| | | | | | | • | | |
|-------------------|--|--|--|---|--|--------------------------------------|---|---|
| Fill | in this inforn | nation to identify ye | our case: | | | | | |
| Deb | otor 1 | Gretta P. Sh | ortt-Olive | er | | | ck if this is: An amended filing | |
| Deb | otor 2 | | | | | | A supplement show | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ted States Bar | kruptcy Court for the | EASTE | RN DISTRICT OF PENNS | YLVANIA | - | MM / DD / YYYY | |
| | | 20-11100 | | | | | | |
| (If Ki | nown) | | | | | | | |
| Of | fficial F | orm 106J | | | | | | |
| | | e J: Your | Exper | ISES | | | | 12/1 |
| Be info nur | as complet ormation. If mber (if kno | e and accurate as more space is ne wn). Answer eve | s possible. eded, atta ry question | If two married people arch another sheet to this | | | | or supplying correct |
| Par 1. | Is this a jo | cribe Your House oint case? | ∌noid | | | | | |
| | ■ No. Go | to line 2. | in a separ | ate household? | | | | |
| | | No Yes. Debtor 2 mu | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you ha | ve dependents? | ■ No | | | | | |
| | • | Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not sta | | | | | | | □ No |
| | dependent | s names. | | | | | | ☐ Yes ☐ No |
| | | | | | - | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| 3. | Do vour e | xpenses include | _ | | - | | | ☐ Yes |
| 0. | expenses | of people other t and your depende | than 👝 | No Yes | | | | |
| exp | imate your | f a date after the | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this followed the lemental Schedule | orm as a su e <i>J</i> , check th | pplement in a Cha e box at the top o | apter 13 case to report f the form and fill in the |
| the | | ch assistance an | | government assistance if luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgag | e 4. \$ | | 1,060.00 |
| | If not incl | uded in line 4: | | | | | | _ |
| | 4a. Rea | l estate taxes | | | | 4a. \$ | | 0.00 |
| | | perty, homeowner' | s, or renter | 's insurance | | 4b. \$ | | 175.00 |
| | | ne maintenance, re neowner's associa | • | | | 4c. \$ 4d. \$ | | 200.00 |
| 5. | | | | ominium dues o <mark>ur residence,</mark> such as hoi | me equity loans | 4a. \$ 5. \$ | | 0.00 250.00 |

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| Deb | tor 1 Gretta P. Shortt-Oliver | Case number (if known) | 20-11100 |
|-----|---|------------------------|--------------------------------|
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. \$ | 420.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 150.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 350.00 |
| | 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ | 700.00 |
| 8. | Childcare and children's education costs | 8. \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ | 150.00 |
| 10. | Personal care products and services | 10. \$ | 300.00 |
| 11. | Medical and dental expenses | 11. \$ | 100.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | |
| | Do not include car payments. | 12. \$ | 250.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 200.00 |
| 14. | Charitable contributions and religious donations | 14. \$ | 100.00 |
| 15. | Insurance. | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. \$ | 210.00 |
| | 15b. Health insurance | 15b. \$ | 500.00 |
| | 15c. Vehicle insurance | 15c. \$ | 200.00 |
| | 15d. Other insurance. Specify: appliance insurance | 15d. \$ | 85.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| | Specify: IRS | 16. \$ | 100.00 |
| 17. | Installment or lease payments: | 17a. \$ | 400.00 |
| | 17a. Car payments for Vehicle 1 | · — | 400.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 17c. Other. Specify: Storage Fee | 17c. \$ | 190.00 |
| | 17d. Other. Specify: H credit cards | 17d. \$ | 1,500.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| | Specify: | 19. | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Your Income. | |
| | 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | 20b. Real estate taxes | 20b. \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21 | Other: Specify: | 21. +\$ | 0.00 |
| | • • • | Σ1. ΙΨ | 0.00 |
| 22. | Calculate your monthly expenses | | |
| | 22a. Add lines 4 through 21. | \$ | 7,590.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 7,590.00 |
| | ,,,,,,, | <u> </u> | 7,000.00 |
| 23. | Calculate your monthly net income. | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 8,546.71 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 7,590.00 |
| | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 220 4 | 956.71 |
| | The result is your monthly net income. | 23c. \$ | 330.71 |
| 24. | Do you expect an increase or decrease in your expenses within the year after yo For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? | | rease or decrease because of a |
| | ■ No. | | |
| | Yes. Explain here: | | |